

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to [Adobe Reader XI](#) or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting <input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (<i>Batch process</i>) Frequency (<i>check one</i>): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular						
PRINT or TYPE Company/Agency name Canal Insurance Company						
Contract contact/manager (IVIPS and Bulk records accounts) Michael Balding <small>(Area code) Phone number</small> (800) 452-6911		Signing Authority name (Bulk records accounts only) Christopher B. Greene <small>(Area code) Phone number</small> (864) 250-9254				
<small>Email (required for IVIPS and Bulk records)</small> michael.balding@canal-ins.com		<small>Email (required for Bulk records)</small> chris.greene@canal-ins.com				
Physical address of business (<i>Number and street, City, State, ZIP code</i>) 400 East Stone Avenue, Greenville, SC, 29601						
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>) PO Box 7, Greenville, SC, 29602						
Provide one of these identifiers:	Taxpayer Identification Number (TIN) 63	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)			
2 Provide a detailed explanation of your primary business activity (exactly what your business does). Canal Insurance Company sells Commercial Auto insurance and handles claims for those policies.						
3 Check all that apply to you and/or your business						
<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input checked="" type="checkbox"/> Insurance company/agent </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____ </td> </tr> </table>				<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input checked="" type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____
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4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Locate subject's named as defendants in civil cases and their possible addresses. Corroborate allegations of hidden assets. Locate missing persons and/or identify subjects involved in exploiting adults and runaways. Identify subjects leaving the scenes of crimes. Locate witnesses and suspects in cold case death investigations. Locate subjects named as defendants in civil cases for process service.

5 Redislosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redislosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No
Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

We will contact the vehicle/vessel owner for injury related matters to our client including verifying insurance coverage and serving them with a lawsuit if we are not able to settle with their insurance company.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☐ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☐ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☐ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
 IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☒ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Owner _____

Title _____

9/30/16 Thurston County _____

Date and place (county) signed

X *Matthew E. Van Gieson* _____

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF
WASHINGTON

BUSINESS LICENSE

Limited Liability Company

MVG-LAW PLLC
2646 RW JOHNSON BLVD SW STE 100
TUMWATER, WA 98512

Unified Business ID #: 603622786

Business ID #: 001

Location: 0001

Expires: Jun 30, 2017

TAX REGISTRATION

CITY ENDORSEMENTS:

TUMWATER GENERAL BUSINESS #R-014084

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue


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Directory

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Directory](#)

Search in:

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Directory](#)
[Discipline
Notices](#)

Matthew Edwin Van Gieson

WSBA Number: 39483
Admit Date: 11/16/2007
[Member Status:](#) Active
Public/Mailing Address: MVG-LAW PLLC
 2646 R W Johnson Rd SW Ste 100
 Tumwater, WA 98512-5630
 United States
Phone: (360) 999-5200
Fax: (360) 999-5201
TDD:
Email: matthew@mvg-law.com
Website: www.mvg-law.com

Practice Information

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Firm or Employer: MVG-LAW PLLC
Firm Size: Solo in Shared Office or Suite
Practice Areas: Insurance, Personal Injury, Torts
Other Languages Spoken: Spanish

Liability Insurance

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Private Practice: Yes
Has Insurance? Yes - [Click for more info](#)
Last Updated: 11/20/2015

Committees

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Member of these committees/boards/panels:
 None

Disciplinary History

No Public Disciplinary History

Only active members of the Washington State Bar Association, and others as authorized by law, may practice law in Washington.

The discipline search function may or may not reveal all disciplinary action relating to a lawyer. The discipline information accessed is a summary and not the official decision in the case. For more complete information, call 206-727-8207.

[Disclaimer +](#)

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PRINT or TYPE Company/Agency name MVG-LAW PLLC						
Contract contact/manager (IVIPS and Bulk records accounts) Matthew E. Van Gieson		Signing Authority name (Bulk records accounts only) _____				
(Area code) Phone number (360) 999-5200	Email (required for IVIPS and Bulk records) matthew@mvg-law.com	(Area code) Phone number _____	Email (required for Bulk records) _____			
Physical address of business (<i>Number and street, City, State, ZIP code</i>) 2646 RW Johnson Blvd SW Suite 100, Tumwater, WA 98512						
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>) Same as above						
Provide one of these identifiers:	Taxpayer Identification Number (TIN) _____	Employer Identification Number (EIN) _____	WA Unified Business Identifier (UBI) _____			
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3 Check all that apply to you and/or your business						
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4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Not all traffic collision are investigated by law enforcement and even if so the at fault driver's address may change before a lawsuit is brought. The need for the information is to find hit and run drivers that client was only able to secure license plate number, to verify the contact information if litigation is postponed and at fault driver has moved location, to obtain the contact information from at fault driver when only license plate and vin are exchanged.

Injured parties are not always sophisticated in gathering the necessary contact information at the scene and not always given the opportunity to gather it - so access to vehicle registration will permit the firm to more fully represent the injured party by gathering that information to serve the at fault driver if a lawsuit is necessary.

5 Redislosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

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Owner _____

Title _____

9/30/16 Thurston County _____

Date and place (county) signed

X *Matthew E. Van Gieson* _____

Signature

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- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Nº 710

Certificate of Authority

STATE OF WASHINGTON
INSURANCE COMMISSIONER
OLYMPIA

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Washington,

CANAL INSURANCE COMPANY

of GREENVILLE, SOUTH CAROLINA, organized under the
laws of SOUTH CAROLINA, having presented satisfactory evidence
of compliance, this Certificate of Authority is hereby granted, authorizing the company to
transact the following classes of insurance:

PROPERTY

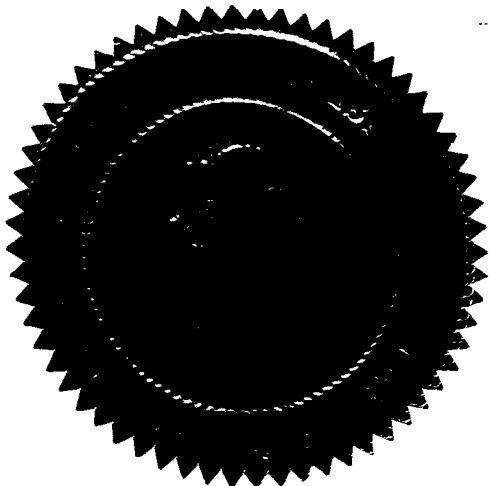
MARINE AND TRANSPORTATION

GENERAL CASUALTY

subject to all provisions of this Certificate as such classes are now or may hereafter be defined
in the Insurance Laws of the State of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter
being in full compliance with all, and not in violation of any, of the applicable laws and lawful
requirements made under authority of the laws of the State of Washington as long as such laws
or requirements are in effect and applicable, and as such laws and requirements now are, or
may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 1st day
of JULY, 1958, I have hereunto set my hand
and caused my official seal to be affixed this 2nd day of
DECEMBER, 1958.



WILLIAM A. SULLIVAN

Insurance Commissioner

By Lee M. McClellan
Chief Deputy

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)**ivips@dol.wa.gov**

Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax**(360) 570-7895****Phone****(360) 359-4001**

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name PLATINUM AUTO WHOLESALE Inc		Website	
Contact name. Primary applicant and contract manager VLADIMIR MONICH	(Area code) Telephone number (425) 478-6945	Email (required) platimunautows@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 203 130th ST SE Suite 203			
City Everett		State WA	ZIP code 98208
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI) 603352622
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Primery business is auto dealership. When we purchase a vehicle we need to verify registered ownership and keep copy of registration on file.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will not contact or disclose previous owners information.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Vladimir Monich

PRINT or TYPE Name

X

Signature of business or organization representative

10/14/2016 Snohomish

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725

Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02

Washington Administrative Code (WAC) 308-10-075, 308-93-087



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895
Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here 13a

Company/Agency name The Law Offices of Steven D. Weier		Website weierlaw.com	
Contact name. Primary applicant and contract manager Tina D. Bartruff	(Area code) Telephone number (253) 931-0332	Email (required) tbartruff@weierlaw.com	
Contact name 2 (if applicable) Steven D. Weier	(Area code) Telephone number (253) 931-0332	Email (required) sweier@weierlaw.com	
Physical address of business (number and street) 331-Andover Park East			
City Tukwila		State WA	ZIP code 98188
Mailing address of business (if different) Same			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) <div style="border: 1px solid black; padding: 2px; display: inline-block;">6d</div>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>A legal practice emphasizing in Personal Injury Claims. This information is being used for investigation and litigation purposes.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><i>We would contact the registered owners via us mail to obtain insurance information.</i> <i>We will not disclose this information to a third-party or sell this information.</i></p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- ✓ **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- ✓ **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/10/16 King County WA
Date and place (county) signed

Steven D. Weier

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

IVIPS Use and Disclosure Contract

Attachment B

User/Access Request

It is the Contractor's responsibility to:

- a. Read and review the IVIPS Use and Disclosure Contract with each employee listed
- b. Instruct employees not to disclose or share User Sub-Account numbers and passwords and
- c. Notify DOL in writing within 3 business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate access termination or termination of this Contract.

TYPE or PRINT Business name The Law Offices of Steven D. Weier	IVIPS account number [REDACTED]
---	------------------------------------

1. TYPE or PRINT Employee name Steven D. Weier	User sub-account number 13a [REDACTED]
2. Employee name Tina D. Bartruff	User sub-account number 13a [REDACTED]
3. Employee name Angie Martinez	User sub-account number 13a [REDACTED]
4. Employee name	User sub-account number
5. Employee name	User sub-account number
6. Employee name	User sub-account number
7. Employee name	User sub-account number
8. Employee name	User sub-account number
9. Employee name	User sub-account number
10. Employee name	User sub-account number
11. Employee name	User sub-account number
12. Employee name	User sub-account number
13. Employee name	User sub-account number
14. Employee name	User sub-account number
15. Employee name	User sub-account number
16. Employee name	User sub-account number
17. Employee name	User sub-account number
18. Employee name	User sub-account number
19. Employee name	User sub-account number
20. Employee name	User sub-account number

This form may be duplicated.



*Washington State Bar
Association*

Active Member

STEVEN D WEIER

22160

Signature of Member

The person whose name appears on the reverse side hereof is an attorney admitted to practice law in the State of Washington. Attorneys engaged in the practice of law in Washington must be active members of the Washington State Bar Association.

This continuing active membership card is valid until revoked. If the holding member changes classification, the card shall be surrendered. Non-payment of annual dues, suspension or disbarment shall automatically revoke the card. This card is the property of the Washington State Bar Association and upon revocation must be surrendered to the Association.

This card is evidence of good standing, which may be verified by inquiry to the Washington State Bar Association, 500 Westin Building, 2001 Sixth Avenue, Seattle, Washington 98121, (206) 448-0441.



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Professional Service Corporation

STEVEN D. WEIER, INC. P.S.
LAW OFFICE OF STEVEN D. WEIER
331 ANDOVER PARK E
TUKWILA WA 98188 7607

Unified Business ID #: 601 511 723

Business ID #: 1

Location: 1

Expires: 12-31-2016

TAX REGISTRATION
INDUSTRIAL INSURANCE
MINOR WORK PERMIT

UNEMPLOYMENT INSURANCE

DUTIES OF MINORS:

Clerical: filing, copying, sorting

LICENSING RESTRICTIONS:

Minors working above ground level must be at least 16 years of age.
WAC 296-125-033 (5) (b)

Court permission and a variance from L&I is required to hire minors under the age of 14 in non-agriculture jobs. Call 360-902-5316 or email teensafety@lni.wa.gov for information.

REGISTERED TRADE NAMES:

LAW OFFICE OF STEVEN D. WEIER

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name <u>Island County Planning Department</u>			
Contract contact/manager (IVIPS and Bulk records accounts) <u>John Clark - Code Enforcement</u>		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number <u>360-678-7809</u>	Email (required for IVIPS and Bulk records) <u>js.clark@island.co.wa.us</u>	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) <u>1 NE 6th St., Coupeville, WA 98239</u>			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) <u>PO Box 5200, Coupeville, WA 98239</u>			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <u>6d</u>	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does). <u>Code Enforcement</u>			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input checked="" type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Certifying Junk Vehicles, tracking down owners of Certified junk vehicles. Assist in Notification and resolution of Code Violations.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

To notify of junk Certification, Notification of Violation. I will contact them via mail at last registered mailing address.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

8

Check all that apply

☒ **I represent a government agency.** Agency name: Island County Planning DeptDo you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?..... ☒ Yes ☐ No☐ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:

- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

John Clark - Code Enforcement Officer

Title

Island County 2/16/17

Date and place (county) signed

X

Signature

John S. Clark

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name NEWORDERAUTO INC., DBA TRED		Website WWW.TRED.COM	
Contact name. Primary applicant and contract manager Grant Feek	(Area code) Telephone number (206) 999-7405	Email (required) grantfeek@tred.com	
Contact name 2 (if applicable) Ana Kaur	(Area code) Telephone number (206) 960-4089	Email (required) anakaur@tred.com	
Physical address of business (number and street) 1517 12th Avenue, Mezzanine			
City Seattle		State WA	ZIP code 98122
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Used vehicle dealership. We will use this service to corroborate vehicle title and lienholder information on trade in vehicles.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>We will contact lienholders to pay off liens.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

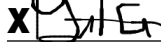
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11/8/16, King County

Date and place (county) signed

Grant Feek

PRINT or TYPE Name



Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

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ivips@dol.wa.gov

Print and scan or upgrade to
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If you currently have an IVIPS number, enter it here [REDACTED]

Company/Agency name Case & Dusterhoff, LLP		Website www.case-dusterhoff.com	
Contact name. Primary applicant and contract manager Linda GoffMoore	(Area code) Telephone number (503) 641-7222	Email (required) linda@case-dusterhoff.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 9800 SW Beaverton Hillsdale Hwy, Suite 200			
City Beaverton		State OR	ZIP code 97005
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Case & Dusterhoff, LLP is a full-service law firm</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. The owner of the vehicle may be contacted for litigation purposes; via demand letter and/or pleadings as part of the litigation process. The information will not be sold or provided to anyone other than as required to be included in litigation documents or to the representatives of opposing parties. Information would generally be included within the body of any lawsuit filed in Oregon or Washington and sent via U.S. postal service, email, or facsimile transmission.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

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IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

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 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

3/23/2017, Washington County, OR
Date and place (county) signed

James D. Case, Owner

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

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- Record all subscribers
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- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1	Legal business name Case & Dusterhoff, LLP	
Address, City, State, ZIP code 9800 SW Beaverton Hillsdale Hwy, Suite 200		
Contact name Linda GoffMoore	(Area code) Telephone number (503) 641-7222	Email linda@case-dusterhoff.com
Providing information Does the subscriber provide information to an attorney or private investigator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use Information is used for litigation purposes		
2	Legal business name Case & Dusterhoff, LLP	
Address, City, State, ZIP code 9800 SW Beaverton Hillsdale Hwy, Suite 200		
Contact name Lisa Lekas	(Area code) Telephone number (503) 641-7222	Email lisa@case-dusterhoff.com
Providing information Does the subscriber provide information to an attorney or private investigator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3	Legal business name	
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4	Legal business name	
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

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OSB Membership Directory

[New Search](#)

James D Case

Bar Number 730581

Status Active Member

Admit Date 9/21/1973

Mailing Address James D Case
Case & Dusterhoff LLP
Ste 200
9800 SW Bvtn-Hlsdale Hwy
Beaverton OR 97005

County Washington

Phone 503 641-7222

Fax 503 643-6522

Email jcase@case-dusterhoff.com

Website www.case-dusterhoff.com

Show Disciplinary History

If you have trouble locating a member, please call us for assistance at (503) 620-0222 x0 or (800) 452-8260 x0, or email info@osbar.org

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Company/Agency name LC AUTO, INC		Website	
Contact name. Primary applicant and contract manager Julie Bullock	(Area code) Telephone number (360) 740-9300	Email (required) juliebullock@i-5cars.com	
Contact name 2 (if applicable) Erin Fay	(Area code) Telephone number (360) 740-9300	Email (required) erinfay@i-5cars.com	
Physical address of business (number and street) 1560 NW State Ave			
City Chehalis		State WA	ZIP code 98532
Mailing address of business (if different) PO Box 1227			
City Chehalis		State WA	ZIP code 98532
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603-581-771
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Sales, Parts, Service of New and Used Vehicles</p> <p>1) Verify legal owner on record on traded in vehicles 2) Verify current title number on trade in 3) Check WA titl record on out of state titles</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>No.</p>			

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
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- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11/17/16 Chehalis, WA (Lewis County)

Date and place (county) signed

Julie Bullock

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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- Document the specific permissible use qualification for each subscriber
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In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
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BUSINESS LICENSE

STATE OF
WASHINGTON

Domestic Profit Corporation

Unified Business ID #: 603 581 771
Business ID #: 1
Location: 1
Expires: 03-31-2017

LC AUTO, INC.
I-5 CHRYSLER, JEEP, DODGE, RAM
1560 NW STATE AVE
CHEHALIS WA 98532 1837

TAX REGISTRATION
INDUSTRIAL INSURANCE
MINOR WORK PERMIT
(Expires: 01-31-2017)
MOTOR VEHICLE DEALER #0692

VESSEL DEALER #8078
MISCELLANEOUS VEHICLE DEALER #6104
UNEMPLOYMENT INSURANCE

DUTIES OF MINORS:

Phones, janitorial, dealership cleaning, vehicle cleaning

LICENSING RESTRICTIONS:


The regular driving of motor vehicles by minors is prohibited.
WAC 296-125-030(2)

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agricultural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

REGISTERED TRADE NAMES:

I-5 CHRYSLER, JEEP, DODGE, RAM

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.


Director, Department of Revenue

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If you currently have an IVIPS number, enter it here _____

Company/Agency name Liebler, Connor, Berry & St. Hilaire		Website bentonfranklinlaw.com	
Contact name. Primary applicant and contract manager Ronald St. Hilaire	(Area code) Telephone number (509) 735-3581	Email (required) rfs@licbs.com	
Contact name 2 (if applicable) Gina Dallas	(Area code) Telephone number (509) 735-3581	Email (required) gdallas@licbs.com	
Physical address of business (number and street) 1141 North Edison, Suite C			
City Kennewick		State WA	ZIP code 99336
Mailing address of business (if different) P.O. Box 6125			
City Kennewick		State WA	ZIP code 99336
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 600301932
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Business is a law firm working in elder law (guardianship, probate, trust, estate planning, and long term care planning. vehicle and vessel records will be used to ascertain ownership of vehicles by deceased and incapacitated persons.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>Registration record information would be provided to authorized legal representatives of the owner-- example-- providing the registration information to the personal representative of a deceased -- example -- providing registration information to the court appointed legal guardian or agent under a durable power of attorney of an incapacitated person. Contact to the owner is only expected in situation where there are co-owners along with a deceased or incapacitated person. Providing registration information to other attorneys is possible in contested matters.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

March 1, 2017

Date and place (county) signed

RONALD ST. HILAIRE

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here NA

Company/Agency name Machias Auto Sales		Website	
Contact name. Primary applicant and contract manager Beverly Slenkamp	(Area code) Telephone number (425) 334-3366	Email (required) bev@nwautorecyclers.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 2315 N Machias Rd			
City Lake Stevens		State WA	ZIP code 98258
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 604-007-549
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a used vehicle dealership and will need to verify the legal and registered ownership of vehicles prior to their availability for purchase and resale.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>We will not be providing the information to anyone. The only reason an owner might be contacted is if there are necessary documents that need to be obtained for release of interest purposes.</p>			

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Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

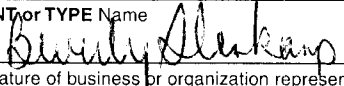
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

08/25/2016 Snohomish County

Date and place (county) signed

Beverly Slenkamp

PRINT or TYPE Name

X 
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895

Phone
(360) 359-4001

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Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

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If you currently have an IVIPS number, enter it here _____

Company/Agency name OfferUp Inc.		Website www.offerup.com	
Contact name. Primary applicant and contract manager Brandon Robinson	(Area code) Telephone number (425) 598-0282	Email (required) brandon.robinson@offerupnow.com	
Contact name 2 (if applicable) Ronaldo Dizon	(Area code) Telephone number (425) 233-8708	Email (required) ron.dizon@offerupnow.com	
Physical address of business (number and street) 1621 114th Ave SE Ste 200			
City Bellevue		State WA	ZIP code 98004-6905
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603 318 854
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>OfferUp is a mobile application that provides a local marketplace for the public to buy and sell items. OfferUp does not hold inventory and has limited control over the conduct of its sellers and buyers using its service. OfferUp will use the vehicle and vessel records for fraud prevention/detection, risk mitigation, and to increase the safety of its community members using the platform.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>OfferUp will not disclose to a third party business or third party individual any information obtained from the Department of Licensing, unless legally compelled to do so by a law enforcement officer in an official criminal investigation. OfferUp will not contact the owners of vehicles and vessels obtained from the Department of Licensing.</p>			

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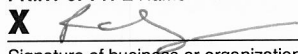
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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
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- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

8/25/2016 King County, WA
Date and place (county) signed

Ronald Dizon
PRINT or TYPE Name

X 
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF
WASHINGTON

BUSINESS LICENSE

Foreign Profit Corporation

Unified Business ID #: 603 318 854
Business ID #: 1
Location: 1

OFFERUP INC.
1621 114TH AVE SE STE 200
BELLEVUE WA 98004 6905

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:
BELLEVUE GENERAL BUSINESS #140433

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

Vehicle/Vessel On-line Access Contract Application-IVIPS

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Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

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If you currently have an IVIPS number, enter it here _____

Company/Agency name Port of Astoria		Website portofastoria.com	
Contact name. Primary applicant and contract manager Kate Almeida	(Area code) Telephone number 503-741-3300	Email (required) Kalmeida@portofastoria.com	
Contact name 2 (if applicable) _____	(Area code) Telephone number _____	Email (required) _____	
Physical address of business (number and street) 10 Pier one Bldg., Suite 308			
City Astoria		State OR	ZIP code 97103
Mailing address of business (if different) _____			
City _____		State _____	ZIP code _____
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). we issue vehicle violations/citations and will need to contact vehicle owners (name & address) regarding delinquent citations.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Letters regarding unpaid citations will be mailed to vehicle owners.			

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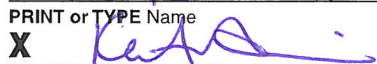
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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/20/16 Clatsop Co., OR
Date and place (county) signed

Kate Almeida
PRINT or TYPE Name
X 
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

September 22, 2016

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

To Whom I May Concern:

I am writing in regards to a new account with the Washington State Department of Licensing. As the Executive Director of the Port of Astoria, I allow Kate Almeida, Accounts Receivable Specialist, permission to manage our account to access information with the DMV. We look forward to working with you! Please feel free to contact us if anything else is needed at this time, thank you and have a great day!

Regards,



Jim Knight
Executive Director
Port of Astoria

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If you currently have an IVIPS number, enter it here _____

Company/Agency name Port of St. Helens		Website www.portsh.org	
Contact name. Primary applicant and contract manager Sydell Cotton	(Area code) Telephone number (503) 397-2888	Email (required) cotton@portsh.org	
Contact name 2 (if applicable) Miriam House	(Area code) Telephone number (503) 928-3259	Email (required) house@portsh.org	
Physical address of business (number and street) 100 E Street			
City Columbia City		State OR	ZIP code 97018
Mailing address of business (if different) PO Box 190			
City Columbia City		State OR	ZIP code 97018
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>The Port of St. Helens, a municipality of the State of Oregon, owns and operates Scappoose Bay Marine Park. Our Marina provides rental slips for boats, boat houses and floating homes with boat launch and parking area for commercial and residential users. It is necessary for us to have access to registered owner data to identify and contact owners of vessels and vehicles who may be parked or moored without authorization, or are derelict, abandoned and/or are a safety hazard.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>The Port of St. Helens would contact the owner via telephone, email or letter, inform him/her of the of the violation or circumstances, and determine a plan of action to resolve the situation. The Port will comply with the contract, terms, and conditions and all applicable laws and statutes pertaining to it.</p>			

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11/10/16 Columbia County
Date and place (county) signed

MIRIAM HOUSE
PRINT or TYPE Name
X Miriam House
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

IVIPS Use and Disclosure Contract

Attachment B

User/Access Request

It is the Contractor's responsibility to:

- a. Read and review the IVIPS Use and Disclosure Contract with each employee listed
- b. Instruct employees not to disclose or share User Sub-Account numbers and passwords and
- c. Notify DOL in writing within 3 business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate access termination or termination of this Contract.

TYPE or PRINT Business name Port of St. Helens	IVIPS account number
--	----------------------

1. TYPE or PRINT Employee name Sydell Cotton	User sub-account number
2. Employee name Miriam House	User sub-account number
3. Employee name Craig Allison	User sub-account number
4. Employee name	User sub-account number
5. Employee name	User sub-account number
6. Employee name	User sub-account number
7. Employee name	User sub-account number
8. Employee name	User sub-account number
9. Employee name	User sub-account number
10. Employee name	User sub-account number
11. Employee name	User sub-account number
12. Employee name	User sub-account number
13. Employee name	User sub-account number
14. Employee name	User sub-account number
15. Employee name	User sub-account number
16. Employee name	User sub-account number
17. Employee name	User sub-account number
18. Employee name	User sub-account number
19. Employee name	User sub-account number
20. Employee name	User sub-account number

This form may be duplicated.

Vehicle/Vessel On-line Access Contract Application-IVIPS

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Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895

Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

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If you currently have an IVIPS number, enter it here _____

Company/Agency name Puget Sound Bank		Website www.pugetsoundbank.com	
Contact name. Primary applicant and contract manager Kim Carhee	(Area code) Telephone number (425) 637-3914	Email (required) kimcarhee@pugetsoundbank.com	
Contact name 2 (if applicable) Dolores Bedner	(Area code) Telephone number (425) 637-3918	Email (required) doloresbedner@pugetsoundbank.com	
Physical address of business (number and street) 10500 NE 8th St Suite 1500			
City Bellevue		State WA	ZIP code 98004
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). verifying legal and registered owners for securing collateral on loans.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. In the regular course of business for approving the loan begin applied for.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

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 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

8/25/16 in King County, WA

Date and place (county) signed

Kimberly R. Carhee

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

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If you currently have an IVIPS number, enter it here _____

Company/Agency name Schlagel Insurance Agency Inc.		Website www.agents.allstate.com	
Contact name. Primary applicant and contract manager Don Schlagel	(Area code) Telephone number (360) 659-8436	Email (required) dschlagel@allstate.com	
Contact name 2 (if applicable) Tracy Borreson	(Area code) Telephone number (360) 659-8436	Email (required) tracyborreson@allstate.com	
Physical address of business (number and street) 16716 Smokey Point Blvd #B			
City Arlington		State Wa	ZIP code 98223
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601 844 491
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Full service Allstate Insurance Agency. We sell property, casualty and life insurance. We will use the IVIPS system to verify insurable interest exists on customer vehicles.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>We will not contact the owner, and will not disclose the information.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

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 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/21/2016 Snohomish County

Date and place (county) signed

Don Schlagel

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

City of Arlington

18204 59th Avenue NE ~ Arlington, WA 98223

www.arlingtonwa.gov ~ (360) 403-3551

Business License No.: 267

Your local sales tax code is 3101

Issue Date: 5/29/2013

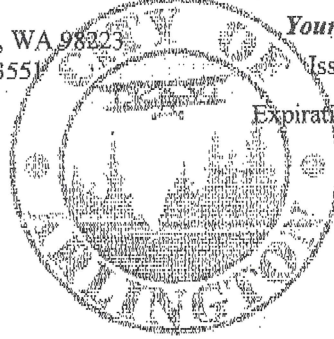
Expiration Date: 6/30/2017

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Schlagel Insurance Agency Inc

16716 Smokey Point Blvd #B

Arlington, WA 98223



Kristin Banfield

Authorized by City Clerk

Non-transferable - Valid only for location and business noted above.

5/29/2013

Vehicle/Vessel On-line Access Contract Application-IVIPS

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Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

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Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have an IVIPS number, enter it here _____

Company/Agency name City of Wenatchee		Website www.wenatcheewa.gov	
Contact name. Primary applicant and contract manager John Fairbanks	(Area code) Telephone number (509) 888-3269	Email (required) jfairbanks@wenatcheewa.gov	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 1350 McKittrick St. Suite A			
City Wenatchee		State WA	ZIP code 98801
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 048-000-043
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Government Entity In conjunction with processing junk vehicle affidavits in regards to code compliance violations on properties with the City of Wenatchee			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Provided to landowner to notify the last owner of the vehicle.			

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- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/8/16 Chelan County
Date and place (county) signed

John Fairbanks
PRINT or TYPE Name
X [Signature]
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

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Vehicle Records Disclosure Unit

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PO Box 2957

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If you currently have an IVIPS number, enter it here _____

Company/Agency name Squalicum High School		Website squalicum.bellinghamschools.org	
Contact name. Primary applicant and contract manager Russell Robinson	(Area code) Telephone number (360) 676-7601	Email (required) russell.robinson@bellinghamschools.org	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 3773 E. McLeod			
City Bellingham		State WA	ZIP code 98226
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a public high school. We will be using vehicle records to identify unknown or suspicious vehicles/persons. We do not have an on campus school resource officer to provide this service for us, and it is important that we are aware of who is on campus and around our students at all times.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. It is possible that we may contact the owner of a vehicle in order to identify their reasoning for being on campus. This will be done either in person or via telephone. We also may provide this information to local law enforcement if it becomes necessary to provide a trespass notice for any reason.</p>			

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 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

1/17/17
Date and place (county) signed

Russell Robinson

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name Bellingham School District # 501	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other <input type="checkbox"/> public school <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 1306 Dupont Street	Requester's name and address (optional)
City, state, and ZIP code Bellingham, WA 98225-3118	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Social security number								
or								
Employer identification number								
6d								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign
Here

Signature of
U.S. person

Shawn Hobarty

Date

1/18/17

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Intravaia Investigations LLC		Website stahancyk.com	
Contact name. Primary applicant and contract manager Michael Javorsky	(Area code) Telephone number (503) 222-9115	Email (required) richard@stahancyk.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 2400 Sw 4th Ave			
City Portland		State Oregon	ZIP code 97201
Mailing address of business (if different) -NA_			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 602441679
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a law firm that primarily handles divorces. In some instances when we do surveillance we need to look up license plate numbers to see who vehicle belongs to so we can run criminal background check on that individual.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>We would not be contacting the owners.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/29/17

Date and place (county) signed

Richard Tessemsohn

PRINT or TYPE Name
X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

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Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

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Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

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If you currently have an IVIPS number, enter it here _____

Company/Agency name Suquamish Tribal Gaming Commission		Website	
Contact name. Primary applicant and contract manager Richard Krenzelok	(Area code) Telephone number (360) 598-8708	Email (required) rkrenzelok@suquamish.nsn.us	
Contact name 2 (if applicable) James Armstrong	(Area code) Telephone number (360) 394-8651	Email (required) jarmstrong@suquamish.nsn.us	
Physical address of business (number and street) 15347 Suquamish Way NE			
City Suquamish		State WA	ZIP code 98392
Mailing address of business (if different) PO BOX 527			
City Suquamish		State WA	ZIP code 98392
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>The Tribal Gaming Commission was established to protect the Tribe from criminal activity. We will use this as a tool to gain information we need for our reports.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>No, this will be used solely by our agency for our information.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

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- **Business outside Washington State** – Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

James W. Armstrong, Director Suquamish Tribal Gaming Commission

PRINT or TYPE Name

X James W. Armstrong
Signature of business or organization representative

11-4-16

11-4-16 / Kitsap County

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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PO Box 2957

Olympia, WA 98507

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If you currently have an IVIPS number, enter it here _____

Company/Agency name The Price is Right Auto Sales		Website www.thepriceisrightcars.net	
Contact name, Primary applicant and contract manager Kisha Floren	(Area code) Telephone number 425.742.3037	Email (required) Sales@thepriceisrightcars.net	
Contact name 2 (if applicable) Debbie Blackburn	(Area code) Telephone number 425.742.3037	Email (required) Sales@thepriceisrightcars.net	
Physical address of business (number and street) 14825 Highway 99			
City Lynnwood	State WA	ZIP code 98087	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601555655
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a used car dealership, we buy/sell + take cars in trade and will use the vehicle records to verify legal ownership of vehicles in our possession.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>no. we will be not contact any owner or disclose any information to outside parties.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

<u>9/14/2016 Snohomish County</u> Date and place (county) signed	<u>Kisha Floren</u> PRINT or TYPE Name X <u>KFloren</u> Signature of business or organization representative
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Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
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If you currently have an IVIPS number, enter it here _____

Company/Agency name Iverson Insurance Agency, Inc		Website	
Contact name, Primary applicant and contract manager Matt Iverson	(Area code) Telephone number 360-675-5978	Email (required) mattiverson@allstate.com	
Contact name 2 (if applicable) Mimi Johnson	(Area code) Telephone number 360-675-5978	Email (required) mimijohnson@allstate.com	
Physical address of business (number and street) 466 NE Midway Blvd			
City Oak Harbor		State WA	ZIP code 98277
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We are an insurance agency licensed in Washington. We will use the vehicle + vessel records to verify registered owner of vehicles.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. If our client is not the registered owner, we will contact our client (not the registered owner). This information will <u>not</u> be provided to a third party.			

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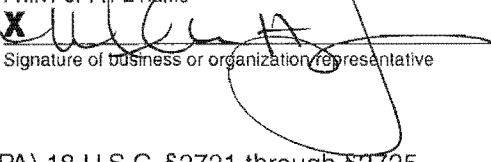
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11-23-2016 Island

Date and place (county) signed

Mimi Johnson

PRINT or TYPE Name



Signature of business or organization representative

Authorities:
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



3783-1

IVERSON INSURANCE AGENCY, INC.
IVERSON INSURANCE AGENCY, INC.
466 NE MIDWAY BLVD
OAK HARBOR WA 98277-2658

DETACH BEFORE POSTING



STATE OF
WASHINGTON

Corporation

IVERSON INSURANCE AGENCY, INC.
466 NE MIDWAY BLVD
OAK HARBOR, WA 98277-2658

BUSINESS LICENSE

Unified Business ID #: 602852804
Business ID #: 001
Location: 0001
Expires: Aug 31, 2017

UNEMPLOYMENT INSURANCE
MINOR WORK PERMIT

INDUSTRIAL INSURANCE
TAX REGISTRATION

DUTIES OF MINORS:
SCANNING DOCUMENTS TO COMPUTER AND FILING PAPERWORK

LICENSING RESTRICTIONS:
It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agricultural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vikki Smith
Director, Department of Revenue

STATE OF WASHINGTON

UBI: 602852804 001 0001

Expires: Aug 31, 2017

IVERSON INSURANCE AGENCY,
INC.
466 NE MIDWAY BLVD
OAK HARBOR, WA 98277-2658

UNEMPLOYMENT INSURANCE
INDUSTRIAL INSURANCE
MINOR WORK PERMIT
TAX REGISTRATION

Vikki Smith
Director, Department of Revenue

Vehicle/Vessel On-line Access Contract Application-IVIPS

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Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name The Hartford		Website thehartford.com	
Contact name. Primary applicant and contract manager Katherine Van Middlesworth	(Area code) Telephone number (317) 249-3527	Email (required) <i>Katherine.vanmiddlesworth@theHartford.com</i>	
Contact name 2 (if applicable) Matt Kern	(Area code) Telephone number (317) 249-3429	Email (required) matthew.kern@thehartford.com	
Physical address of business (number and street) 501 Pennsylvania Parkway, Ste 300			
City Indianapolis		State Indiana	ZIP code 46280
Mailing address of business (if different) same as above			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>To obtain registration fees for total loss settlements</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>Yes we will contact the owner of the vehicle by phone or letter and advise them how much we will pay on the unused fees. We will not provide the owner information to any outside vendors or third parties.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/20/16 (Hamilton County)
Date and place (county) signed

Katherine Van Middlesworth
PRINT or TYPE Name
X *K Van Middlesworth*
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Washington,

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

of.....HARTFORD, CONNECTICUT....., organized under the
laws of.....CONNECTICUT....., having presented satisfactory evidence
of compliance, this Certificate of Authority is hereby granted, authorizing the company to
transact the following classes of insurance:

LIFE

DISABILITY

subject to all provisions of this Certificate as such classes are now or may hereafter be defined
in the Insurance Laws of the State of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter
being in full compliance with all, and not in violation of any, of the applicable laws and lawful
requirements made under authority of the laws of the State of Washington as long as such laws
or requirements are in effect and applicable, and as such laws and requirements now are, or
may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 30th day
of.....NOVEMBER....., 19.67, I have hereunto set my hand
and caused my official seal to be affixed this 30th day of
.....NOVEMBER....., 19.67.



.....LEE I. KUECKELHAN.....

Insurance Commissioner

By.....*Gerald J. Sullivan*.....
GERALD J. SULLIVAN Chief Deputy

Washington

Information on this page:

- [Hartford Fire Insurance Company](#)
- [Hartford Casualty Insurance Company](#)
- [Hartford Accident and Indemnity Company](#)
- [Hartford Underwriters Insurance Company](#)
- [Twin City Fire Insurance Company](#)
- [Pacific Insurance Company, Limited](#)
- [Sentinel Insurance Company, Ltd.](#)
- [Hartford Insurance Company of the Midwest](#)
- [Trumbull Insurance Company](#)
- [Nutmeg Insurance Company](#)
- [Property and Casualty Insurance Company of Hartford](#)

Hartford Fire Insurance Company

License Information

Current License #: 469

Date First Licensed: June 26, 1890

Effective Date: July 01, 1958

Expiration Date: Continuous

Lines of Business

- Property
- Marine and Transportation
- General Casualty (includes vehicle insurance)
- Surety

[Return to Top](#)

Hartford Casualty Insurance Company

License Information

Current License #: 389

Date First Licensed: March 07, 1930

Effective Date: July 01, 1958

Expiration Date: Continuous

Lines of Business

- Property
- Marine and Transportation
- General Casualty
- Surety

[Return to Top](#)

Hartford Accident and Indemnity Company

License Information

Current License #: 468

Date First Licensed: July 28, 1914

Effective Date: July 01, 1958

Expiration Date: Continuous

Lines of Business

- Property
- Marine and Transportation
- General Casualty
- Surety

[Return to Top](#)

Hartford Underwriters Insurance Company

License Information

Current License #: 555
Date First Licensed: December 21, 1925
Effective Date: July 01, 1958
Expiration Date: Continuous

Lines of Business

- Property
- Marine and Transportation
- General Casualty (includes vehicle insurance)
- Surety

[Return to Top](#)

Twin City Fire Insurance Company

License Information

Current License #: 666
Date First Licensed: March 25, 1926
Effective Date: July 01, 1958
Expiration Date: Continuous

Lines of Business

- Property
- Marine and Transportation
- General Casualty
- Surety

[Return to Top](#)

Pacific Insurance Company, Limited

License Information

Current License #: N/Applicable
Date First Licensed: N/Available
Effective Date: October 14, 1992
Expiration Date: Continuous

Lines of Business

- Surplus Lines

[Return to Top](#)

Sentinel Insurance Company, Ltd.

License Information:

Current License #: 2136
Date First Licensed: November 14, 2000
Effective Date: November 14, 2000
Expiration Date: Continuous

Lines of Business

- Property
- Marine & Transportation
- Vehicle
- General Casualty
- Surety

[Return to Top](#)

Hartford Insurance Company of the Midwest

License Information

Current License #: 1629
Date First Licensed: March 26, 1985
Effective Date: March 26, 1985
Expiration Date: Continuous

Lines of Business

- Property
- Marine and Transportation
- Vehicle
- General Casualty
- Surety

[Return to Top](#)

Trumbull Insurance Company
License Information

Current License #: 2009
Date First Licensed: June 18, 1997
Effective Date: June 18, 1997
Expiration Date: Continuous

Lines of Business

- Property
- Marine and Transportation
- Vehicle
- General Casualty
- Surety

[Return to Top](#)

Nutmeg Insurance Company

License Information:

Current License #: N/Applicable
Date First Licensed: N/Available
Effective Date: February 04, 1981
Expiration Date: Continuous

Lines of Business

- Surplus Lines

[Return to Top](#)

Property and Casualty Insurance Company of Hartford

License Information

Current License #: 2015
Date First Licensed: April 18, 1997
Effective Date: April 18, 1997
Expiration Date: Continuous

Lines of Business

- Property
- Marine and
Transportation
- Vehicle
- General Casualty
- Surety

[Return to Top](#)

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ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

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Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

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(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name NW Premier Investigations, LLC		Website None	
Contact name. Primary applicant and contract manager Jason Hess	(Area code) Telephone number (503) 930-5725	Email (required) jason.f.hess@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 7944 Katherine Street NE			
City Keizer		State OR	ZIP code 97303
Mailing address of business (if different) PO Box 20471			
City Keizer		State OR	ZIP code 97307
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>I conduct criminal defense investigations for attorneys in Portland, Oregon. I am responsible for locating and interviewing witnesses, either known or unknown. I am responsible for locating additional witnesses by means of other identifying information, including the use of license plate/vehicle registration information. I will use the WA vehicle records to facilitate witness identification, develop leads, make contact with such witnesses and identify vehicle year, makes and models of the vehicles in such cases. The information will not be used for unsolicited business contact.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>I will make personal or phone contact with the listed owner. If that is not possible, I will send a letter to the listed owner within 5 business days of the inquiry, as set forth in RCW 46.12.635 (4)(A)(B)(C) if the information is to be disclosed to an attorney.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11-9-16 / Marion County,
Date and place (county) signed OREGON

JASON HERTS
PRINT or TYPE Name
X
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name NW Premier Investigations, LLC		
Address, City, State, ZIP code PO Box 20471, Keizer, Oregon 97307		
Contact name Jason Hess	(Area code) Telephone number (503) 930-5725	Email jason.f.hess@gmail.com
Providing information Does the subscriber provide information to an attorney or private investigator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use Information is used to identify and locate witnesses and leads in criminal defense investigations.		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF OREGON

Department of Public Safety Standards and Training

Jason F Hess PI-ID# 51494

Private Investigator

NW Premier Investigations, LLC
PO Box 20471
Keizer, OR 97307

Expiration Date: 10/17/2018

MUST BE POSTED IN A CONSPICUOUS PLACE-NOT TRANSFERRABLE

ORIGINAL



Vehicle/Vessel On-line Access Contract Application-IVIPS

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If you currently have an IVIPS number, enter it here _____

Company/Agency name Washington State Historical Society		Website www.washingtonhistory.org	
Contact name. Primary applicant and contract manager Mark Sylvester	(Area code) Telephone number (253) 798-5891	Email (required) mark.sylvester@wshs.wa.gov	
Contact name 2 (if applicable) Misty Reese	(Area code) Telephone number (253) 798-5901	Email (required) misty.reese@wshs.wa.gov	
Physical address of business (number and street) 1911 Pacific Avenue			
City Tacoma		State WA	ZIP code 98402
Mailing address of business (if different) same			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>WSHS manages their own fee based parking lots. When fees are not paid, WSHS security guards issue monetary parking violation notices. IVIPS will be used to notify registered owners of cited vehicles of outstanding parking violation fee(s) and request remittance.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>IVIPS will be used to notify registered owners by mail of outstanding parking violation fee(s) from cited vehicle(s) and request remittance to the agency. IVIPS information will not be disclosed to any other entity.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11-3-2014 Pierce County

Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
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In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

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Redaction Log

Reason	Page (# of occurrences)	Description
13a	14 (1) 16 (4) 26 (1)	RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities.
6d	1 (1) 7 (1) 12 (1) 14 (1) 19 (1) 23 (1) 26 (1) 42 (1) 45 (1) 48 (1) 55 (1) 57 (1) 61 (1) 65 (1) 68 (1) 77 (1) 81 (1)	RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW 42.56.070(1). Personal Information – Tax ID. Information required of any taxpayer in connection with the assessment or collection of any tax (Social Security Number) is protected from disclosure.